

Oral Macrolide Treatment and Chemoprophylaxis for Pertussis by Age Group

Agegroup	Erythromycin (14-day course)	Clarithromycin (7-day course)	Azithromycin (5-day course)
Adults	1-2 gm per day in 4 divided doses for 14 days	500mg twice daily for 7 days	500mg/day in single dose on day 1 followed by 250mg/day in a single dose on days 2-5
Children \geq 6 months	40-50 mg/kg/day in 4 divided doses (maximum 2 gm/day) X 14 days	15 mg/kg/day in 2 divided doses (maximum 500mg/dose) X 7 days	10 mg/kg/day in single dose on day 1 (maximum 500mg) then 5mg/kg/day (maximum 250 mg) on days 2 –5
1-5 months	As above (estolate preparation preferred if available)	As above	10mg/kg/day in single daily dose X 5 days
<1 month	As above (Use as alternate drug in doses above. Drug use is associated with elevated risk of IHPS*)	Not recommended (Safety data unavailable)	Preferred drug 10mg/kg/day in a single daily dose X 5 days. Only limited safety data available.

TMP-SMZ may be used as an alternative agent in patients who are allergic to macrolides, who cannot tolerate macrolides, or who are infected, rarely, with a macrolide-resistant strain of *Bordetella pertussis*. The recommended dose in children is trimethoprim 8 mg/kg/day, sulfamethoxazole 40 mg/kg/day in two divided doses for 14 days. For adults, the recommended dose is trimethoprim 320 mg/day, sulfamethoxazole 1600 mg/day in two divided doses for 14 days. Because of the risk of kernicterus, TMP-SMZ should not be given to pregnant women, nursing mothers, premature neonates, or infants <2 months of age.

*IHPS – Infantile Hypertrophic Pyloric Stenosis

Adapted from “[Guidelines for the Control of Pertussis Outbreaks.](#)” National Immunization Program, 2005.

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